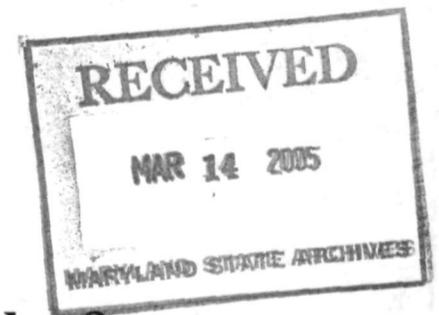


20071291

A  
EX 60m

**HB 1042 Task Force Report of the  
Study of the Availability of Audiology and  
Speech-Language Services in  
Kindergarten through Grade 12 in  
Maryland Public Schools**

**Submitted to**



**The Senate Education, Health, &  
Environmental Affairs Committee & The  
House Ways and Means Committee**

**December 31, 2003**

**By**

**Maryland State Department of Education  
Division of Special Education/Early  
Intervention Services**

## **Task Force Membership- House Bill 1042**

Special thanks are extended to the following Task Force members and the constituencies they represent. They worked diligently with MSDE staff to complete the charge outlined in HB 1042 in a short amount of time.

**Mr. Ronald Chesek, Chair**  
Anne Arundel County Public Schools

**Senator Paul G. Pinsky**  
Senate of Maryland

**Dr. Sambhu N. Banik**  
Clinical Psychologist

**Ms. Diane E. Quigley**  
Consumer

**Ms. Robin E. Bosley**  
Public School Personnel

**Ms Gloria Jeanne Petit-Clair**  
Maryland Speech-Language-Hearing  
Association

**Ms. Patricia D. Bowman**  
Office for the Deaf and Hard of Hearing

**Mr. Richard M. Robinson**  
Speech-Language Pathologist  
Board of Examiners

**Dr. Joseph H. Caricofe**  
Physician

**Dr. W. Stephen Seipp**  
Board of Audiology

**Dr. Abby L. W. Crowley**  
Maryland Association of Boards of Education

**Ms. Melanie J. Upright**  
Maryland Speech-Language-Hearing  
Association

**Senator Andrew P. Harris**  
Senate of Maryland

**Robin C. Welsh, Esquire**  
Public School Personnel

**Ms. Kimberly Lewis**  
Superintendent of Schools Designee

MSDE Staff to the Task Force  
**Sue Griebler**  
**Fran Sorin**  
**Michelle Szczepaniak**

# TABLE OF CONTENTS

Task Force Appointees.....	ii
Table of Contents .....	iii
Purpose.....	1
Charge .....	1
Background .....	2
Process.....	5
Membership.....	5
Meeting Calendar.....	6
Survey Method.....	6
Survey Results.....	7
Task Force Conclusions and Issues for Further Study .....	9
Task Force Recommendations .....	10

## Tables

Table 1 Local School System Reported Audiologist Caseload Information- Nov. 2003.....	16
Table 2 Local School System Reported Speech-Language Pathologist Caseload Information-Nov. 2003 .....	20
Table 3 Local School System Scope of Services and Workload Responsibilities	24
Table 4 Number of Services and Students Audiological Services 2001.....	26
Table 5 Number of Services and Students Audiological Services 2002.....	27
Table 6 Number of Services and Students Speech-Language Services 2001....	28
Table 7 Number of Services and Students Speech-Language Services 2002....	29
Table 8 SY 03-04 Audiologists FTE, Vacancies, Contracted.....	30
Table 9 SY 03-04 Speech-Language Pathologists FTE, Vacancies, Contracted..	31
Table 10 Students with Disabilities by Disability 2002 Census Data.....	32
References.....	33
Appendices.....	34

- Appendix A Survey of Availability of Audiology and Speech-Language Services in Maryland Public Schools
- Appendix B ASHA Comparison of National Board for Professional Teaching Standards and ASHA's Certificate of Clinical Competence

## **House Bill 1042 Report on the Study of the Availability Audiology and Speech- Language Services**

### **Purpose**

The Task Force to Study the Availability of Audiology and Speech-Language Services for children in kindergarten through grade twelve in Maryland Public Schools was established as a requirement of House Bill 1042 (2003 Session). The Task Force was to report its findings and recommendations to the Senate Education, Health, and Environmental Affairs Committee and the House Ways and Means Committee.

### **Charge**

The charge of the Task Force as stated in House Bill 1042 is to study and consider:

- The scope of services provided by audiologists and speech-language pathologists (SLPs) in the public schools in the State;
- The availability of licensed audiologists and licensed certified SLPs employed by and on staff in each of the local public school systems (LSSs) in the State;
- The amount and cost of contracted services utilized by each of the LSSs in the State for audiology and speech-language services;
- The number of vacancies filled by contracted personnel and the total number of vacancies for audiologists and SLPs in the LSSs in the State;
- The caseloads and workload duties for the audiologists and SLPs in the State;
- The number of children without hearing and SLP services due to unfilled positions for audiologists and SLPs, including the average length of time the children have been without services;
- The cost of compensatory services and any other legal or administrative costs incurred by the LSSs in the State for children who do not receive hearing and speech-language services; and
- The number of children in need of hearing and speech-language services in the LSSs in the State.

When the study was completed, the Task Force was directed to make recommendations regarding the following:

- The need, if any, for audiologists and SLPs on staff in the LSSs in the State;
- The need, if any to implement methods to retain and recruit audiologists and SLPs in the LSSs in the State; and
- Identify whether the current caseloads and workloads for audiologists and SLPs need to be adjusted to increase hearing and speech-language services for children in need.

The Maryland State Department of Education (MSDE) provided staff for the Task Force as directed by the Bill.

## **Background**

### ***National***

The field of Audiology as an independent profession emerged in the 1940's. As defined by the Maryland Title 2 Health Occupations Act the practice of audiology means "to apply the principles, methods, procedures of measurement, prediction, evaluation testing, counseling, consultation and instruction that relate to the development and disorders of hearing, vestibular functions, and related language and speech disorders, to prevent or modify the disorders or assist individuals in hearing and auditory and related skills for communication".

Over the last 20 years the subspecialty of Educational Audiology has emerged to address the specific needs of children and the schools they attend. Educational Audiologists not only perform the traditional role of testing and diagnosis of hearing loss and managing the hearing aids for children in schools, but also have the knowledge and skill to:

- Consult with teachers working on developing listening skills in children;
- Work as a member of the IEP (Individualized Education Program) Team to help develop appropriate IEPs for children with hearing problems;
- Assist schools in the analysis of classroom acoustics and make recommendations of methods to improve acoustics to the benefit of all children in the classroom; and
- Develop and manage hearing assistive technology to improve listening capability for students with hearing or other disorders.

The audiology profession has developed new standards and is implementing a specialized doctoral program of study. This may have a fiscal and availability impact on audiology services available to schools. As audiologists complete their doctoral programs it is anticipated that there would be salary improvements. However, with current fiscal constraints, it is more than likely that less of the audiologists would become LSS employees, with more dependence upon contracted audiology services. The additional impact these changes will have is the broadened knowledge base and clinical skills of the audiologist, which can enhance services provided in LSSs, but will also require ongoing professional development for the acquisition and maintenance of these skills. (Brannen, Center on Personnel Studies in Special Education [COPSSE, 2003])

The role of the Educational Audiologist continues to develop as a response to the individual needs of LSSs. The American Speech-Language-Hearing Association (ASHA) provides guidance on audiology service delivery in and for schools. However, the 2002 audiology guidance does not represent official standards of the Association, but supersedes ASHA's Audiology guidelines disseminated in 1993.

Comprehensive audiology services can help reduce the negative effects of hearing loss and auditory processing disorders on a child's ability to learn language, psycho-social development, and academic achievement. All children can receive benefit from audiologic services relating to listening skills, hearing loss prevention, and accessible acoustic environments. (ASHA, 2002)

“Research continues to document the high incidence of hearing loss in children of all ages and the potentially negative consequences hearing loss can have... ..the prevalence of hearing loss in school-age children is between 11.3% and 14.9%... which on average would be 131 of every 1,000 school-age children having some degree of hearing loss that can potentially affect communication, learning, psychosocial development, and academic achievement. The importance of the listening environment for children with hearing loss is better understood, and the use of hearing assistive technology and devices have increased. ...strategies for selecting, fitting, and evaluating amplification have become more sophisticated.” (ASHA, 2002) These factors all have an influence on the provision of appropriate cost-effective audiology services provided in and for LSSs.

The national prevalence (50 states, D.C. and Puerto Rico) of school-age children (ages 6-21) who received services for speech or language disorders was 19.4% or 1,074,548 children which does not include children who have speech-language services as a secondary related service due to other disabling conditions. (NICHCY, 2001)

In 1998, students with speech and language impairments were the second largest category of students served (20.2%) after specific learning disabilities (51.2%). (20<sup>th</sup> Annual Report to Congress on the Implementation of IDEA, 1998) . Additionally, services provided for children with speech or language impairment showed an overall increase of 10.3% between the 1989-90 and the 1998-99 school years. (22<sup>nd</sup> Annual Report to Congress on the Implementation of IDEA, 2000) It is important to keep in mind that SLPs not only provide services to children within the disability category of speech-language-hearing impaired, but also are frequently a related service for students identified with a variety of other disabilities.

The field of speech language pathology in schools has evolved since its reported initiation in 1910 in the Chicago Public Schools. (Darley, 1961) Changes have been influenced by medical, legislative, regulatory, societal, and professional initiatives. The scope of service provision has expanded to a wide range of responsibilities including; prevention, identification, assessments, evaluation, eligibility determination, case management, IEP development, interventions, etc. School-based SLPS now provide services in a variety of settings within the school environment including general education classrooms and separate settings. Additional services available to all students that may or may not have been referred to the IEP Team within a school include; assessment, recommendations for intervention, and suggestions for environmental modifications to ensure successful student communications in a variety of settings. (ASHA,1999)

Caseload size for students with disabilities including speech and language programs is not defined within federal special education laws. This allows States and local jurisdictions to determine appropriate caseload size. “Although 28 states (56%) establish maximum caseload guidelines for SLPs, 22 states (44%) leave determinations to local districts.” (ASHA, 2002) Caseload limits range from 40:1 to 80:1 for SLPs in those states where numerical guidelines have been established. (Speechville Express, 2000)

ASHA had recommended that caseloads should not exceed 40, yet recent surveys revealed an average caseload size of 53. "Between 1990 and 1999, the number of children with speech-language impairments grew by more than 10%." (ASHA, 2002).

National and state studies have reported difficulties in hiring qualified SLPs. "According to the U.S. Bureau of Labor Statistics (BLS), more than 34,000 additional SLP's will be needed to fill the demand between 2000 and 2010-a 39% increase in job openings." (U.S. Department of Labor, 2001). "The Study of Personnel Needs in Special Education (SPeNSE) conducted by the U. S. Department of Education's Office of Special Education Programs reported 11,148 job openings for SLPs in schools for the 1999-2000 academic year. The greatest barrier to recruiting SLPs was the shortage of qualified applicants. Additionally, there is a critical shortage of bilingual speech-language pathologists" (Whitmire, et. al. COPSSE, 2003)

"Challenges facing school-based SLP's are one possible explanation for the difficulty in recruiting and retaining qualified applicants. These challenges include:

- a) Excessive paperwork;
- b) Lack of time for planning, collaboration, and meeting with teachers and parents;
- c) High caseloads;
- d) Extensive traveling between buildings or sites;
- e) Little or no clerical assistance;
- f) Lack of parental involvement and support;
- g) Low salaries;
- h) Inadequate work space and facilities;
- i) Limited access to technology;
- j) Lack of training for special populations; and
- k) Lack of administrative support.

When frustrated by these barriers to providing quality services to children, SLPs have the option of employment in other settings e.g., hospitals, long-term health care, private practice, or higher education." (Whitmire, et. al. COPSSE, 2003)

### *State*

Code of Maryland Regulations (COMAR) and the Individuals with Disabilities Education Act (IDEA) Part B applicable to children ages 3-21, define "audiology as services which include:

- Identification of children with a hearing loss;
- Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for habilitation of hearing;
- Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- Creation and administration of programs for prevention of hearing loss;
- Counseling and guidance of children, parents, and teachers regarding hearing loss; and
- Determination of children's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification."
- (COMAR 13A.05.01.03B(6) and 34CFR§300.24(b)(1))

It is essential that children with hearing loss be identified early to minimize the impact on their learning. Maryland's Universal Newborn Hearing Screening Program screens every infant born in a Maryland hospital for possible hearing loss. The results and any risk factors are reported to the Maryland Department of Health and Mental Hygiene. The program has been in effect for the last 3 years, so the full impact of this program on LSSs will not be realized until children reach school age. To gain additional information about this program, contact the Infant Hearing Hot Line 1-800-633-1316 (voice/TTY).

Code of Maryland Regulations (COMAR) and the Individuals with Disabilities Education Act (IDEA) Part B applicable to children ages 3-21, define "speech-language pathology as services which include:

- Identification of students with speech or language impairments;
- Diagnosis and appraisal of specific speech or language impairments;
- Referral for medical or other professional attention necessary for the habilitation of speech or language impairments;
- Provision of speech and language services for the habilitation or prevention of communicative impairments; and
- Counseling and guidance of parents, students, and teachers regarding speech and language impairments." (COMAR 13A.05.01.03B(67) and 34CFR§300.24(b)(14)

The December 2002 census data revealed that 29,647 or 26.21% of the special education population is identified with speech and language impairments in Maryland (Table 10 on page 32). Similar to national percentages, Maryland students with speech and language impairments are the second largest disability category served. Language development and communication skills play a critical role in cognitive development and learning. The speech pathologist's knowledge of the language/literacy connection can contribute to students' ability to make adequate yearly progress on their IEPs as well as to meet NCLB requirements.

MSDE has recognized the difficulties LSSs have in hiring qualified SLPs. To assist LSSs in recruiting qualified speech-language pathologists, MSDE has formed a partnership with Loyola College for SLP preparation. Through Part B federal discretionary funds, candidates are offered tuition paid by MSDE for their graduate level studies in exchange for 5 years of service in a Maryland public school upon completion of the program in 2 years. The program will cost approximately \$821,606.00 for 14 students beginning in the fall of 2003 through the fall of 2005. Participating candidates are currently employed in a Maryland public school, work 4 days a week under supervision with students, and attend classes 1 day a week at Loyola.

### **Process**

#### ***Membership***

The Task Force was to be comprised of 17 members with representatives from the Senate and House of Delegates of Maryland, the State Superintendent of Schools or her designee, and Governor's appointees from the Maryland Associations of Boards of Education, public school system personnel who supervise hearing and speech-language services, consumers, practicing members of the Speech-Language and Hearing Association, the Office for Individuals with

Disabilities-Office for the Deaf and Hard of Hearing, the Board of Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists, physicians specializing in hearing health or children's health and a chairman. (See Membership List on page ii).

### ***Meeting Calendar***

Governor Robert L. Ehrlich, Jr. appointed Task Force members in October. The first meeting was convened on November 18, 2003 from 9:30 – 11:30 a.m. and the second meeting was held on December 16, 2003 from 9:30 a.m. – 12:30 p.m. Additional communications with Task Force members were conducted through e-mail or by telephone.

The focus of the November meeting was to review House Bill 1042, identify Task Force members' roles in achieving the charge, review and discuss preliminary data collected by the survey of LSSs, and identify steps needed to meet the charge. In December, the Task Force met to review finalized data and a draft report, refine Task Force members emailed suggestions for recommendations, and come to consensus regarding recommendations to be included in the final report that address the charge. Agendas and minutes of the meetings are available upon request.

### ***Survey Method***

As the Task Force members were not appointed until October 2003, MSDE staff surveyed LSSs in order for the Task Force to have preliminary information to discuss at the first meeting and to assist with recommendation formulation. The survey consisted of the previously listed content of the charge, which was formulated into questions. A copy of the HB-1042 survey can be found in **Appendix A**.

The survey was sent to all local school system Superintendents in Maryland. Based on the responses received, information has been provided from various departments within the local school systems such as human resources or finance as well as special education. The purpose of the study was to identify if there is a need for audiologists and speech-language pathologists (SLPs) on staff in local school systems in the State, if retention and recruitment methods need to be implemented, and to identify whether current caseloads and workloads for audiologists and SLP's need to be adjusted to increase services to children in need.

Responses were received from all 24 local school systems. It was clear from the responses, in particular to caseload questions, that all local school systems do not collect data or identify caseloads in the same way. Some of the data was not able to be obtained in comparable ways, but were reported as to what the numbers represented. All the data included is self-reported by LSSs, point-in-time data that was submitted via the survey or through other State data collection systems such as annual census data. Phone calls to individual LSSs were made to clarify information reported.

**Survey Results**

***The availability of licensed audiologists and licensed certified speech-language pathologists employed by and on staff in each of the local public school systems in the State:***

<b>State Totals</b>	<b># of Audiologists *</b>	<b># of Speech-Language Pathologists</b>
FTE	24.7 *	1037.2
Full Time	16 *	710
Part time	10.7 *	260.1

\*Some LSSs access services from local health departments, consortiums, etc.

***The caseloads for the audiologists and speech-language pathologists in the local public school systems in the State are compiled in Tables 1 and 2 (on pages 16-23).***

**Survey Comments:**

Thirteen of the local school systems do not have audiologists on staff, but access services on an as needed basis. Those systems that have an audiologist on staff generally utilize this person to cover the needs of the district.

The caseloads of speech-language pathologists vary by individual therapist. School systems report they try to stay within guidelines of no more than 50 students per therapist, but at times, growth during the school year may cause caseloads to increase beyond that limit. Districts report that severity of disability and the need for more intensive services are considered when making therapist assignments and in the caseload configurations.

***The scope of services and workload responsibilities provided by audiologists and speech-language pathologists in the public schools in the State are compiled in Table 3 on pages 24-25.***

***The number of children without hearing and speech-language services due to unfilled positions for audiologists and speech-language pathologists, including the average length of time the children have been without services:***

Current number of children without <b>hearing</b> services due to unfilled positions	0
Average length of time children have been without <b>hearing</b> services (should an unexpected vacancy occur or from past experience)	1 – 8 weeks (2 respondents)
Current number of children without <b>speech-language</b> services due to unfilled positions (indicated 1 month is average length of time without service)	95 (1 respondent)
Average length of time children have been without <b>speech-language</b> services (should an unexpected vacancy occur, or from past experience)	2 weeks to 9 months (6 respondents)

Although there are 24.7 unfilled positions within 11 local school systems, all but one reported they were able to provide services to all children in need. Unfortunately, there are 95 children in the State who were reportedly not receiving the services they need when the survey was completed.

***The cost of compensatory services and any other legal or administrative costs incurred by the local public school systems in the State for children who do not receive hearing and speech-language services:***

<b>Hearing Services</b>	<b>2002-2003</b>	<b>2001-2002</b>
Costs of compensatory services	None reported	None reported
Cost of any other legal or administrative costs incurred	None reported	None reported

<b>Speech Language Services</b>	<b>2002-2003</b>	<b>2001-2002</b>
Costs of compensatory services	\$135,737.50 total (ranging from \$2,000 to \$68,000) (5 respondents)	\$91,422.50 (2 respondents)
Cost of any other legal or administrative costs incurred	\$516.00 (1 respondent)	\$42.50 (1 respondent)

***The number of children reported by survey receiving hearing and speech-language services in the local public school systems in the State:***

Children receiving <b>hearing</b> services	1208 total * (ranging from 9 to 350)
Children receiving <b>speech-language</b> services	30,959 total * (ranging from 100 to 5841)

\* See Tables 4-7 on pages 26-29 for reported census data for the number of audiology and speech and language services provided to students in each LSS.

Tables 8 and 9 on pages 30-31 delineate the number of Full Time Equivalent (FTE) audiologist and SLP positions available within each LSS, the number of positions filled by LSS employees, the number of positions filled by contractual providers, the number of positions that remain unfilled, and the costs (if available) for contracted services for school years (SY) 2001-2002 and 2002-2003.

LSSs reported that 99.2% of audiologists are currently LSS employees and that 0.8% of the positions available are filled by contractual providers. There were no unfilled positions reported. It is also important to remember as mentioned previously, that some LSSs access audiology services from local health departments or other avenues that were not included as positions available or filled by LSSs. Audiologists supplied by health departments may not be educational audiologists, which has become a specialty field with specific knowledge pertaining to school-based issues. When available, the contracted service costs for Audiology for SY 01-02 were \$73,580.17 and increased to \$88,451.96 in the SY 02-03.

Of the available LSS SLP positions, 92.5% were filled by LSS employees, and 5.3% by contractual providers. Survey data indicated there are currently 24.7 or 2.2% of the available positions that remain unfilled. This places an additional burden on existing LSS employees who often need to pick up the additional responsibilities or caseload to ensure students are getting services they need. Of note are the significant costs of contracted speech and language services. In SY 01-02 costs to LSSs totaled \$4,033,386.06 and increased to \$6,277,636.81 in SY 02-03. There were also some concerns expressed about the quality and consistency of services provided by contractals, as they often have clinical background knowledge, but lack knowledge in the educational aspect and curriculum needed by school-based SLP service providers.

### **Task Force Conclusions and Issues for Further Study**

#### ***Conclusions***

Survey results indicate both SLPs and audiologists fulfill a variety of roles and responsibilities in LSSs. Based on the experiences of Task Force members, discussions indicated that there are many hidden issues regarding caseload and workload responsibilities of audiologists and SLPs. There may not be any data collected regarding the number of children that receive preventative interventions, the amount of consultative services to parents and staff, and the time spent preparing and delivering professional development related to their areas of expertise. Any unaccounted for duties may have an impact on the quality and quantity of service provision as well as retention and recruitment.

Although LSSs currently report they are able to access audiological services to meet their needs, changes in the field of educational audiology to a doctoral level may have an impact on their ability to contract with qualified personnel in the future. These changes may require professional development opportunities for currently employed personnel to enhance their skills. Additionally, there are roles an educational audiologist can fulfill to maximize the effectiveness of their service provision to a LSS, which may not be a part of current practice.

There are currently 24.7 unfilled SLP positions within MD's LSSs. When combined with the 60 positions filled by contractual providers this 84.7 or 7.5%, a shortage in the SLPs in MD begins to emerge. With the increased need for SLPs predicted by the Bureau of Labor Statistics, it is of concern that the availability of qualified SLPs to Maryland's children will continue to decrease and there will be insufficient contractual services to meet the need. It is critical that recruitment and retention efforts for qualified SLPs in Maryland schools be continued and enhanced as a

preventative measure for avoiding an increase in unfilled vacancies and children without services required by their IEP. With the rise in costs of contractual services from over four million to over six million dollars between the 01-02 and 02-03 school years, the cost effectiveness of contracting services and the quantity and quality of services provided should be reviewed when determining potential preventive measures to improve retention and recruitment of SLPs.

### *Issues for Further Study*

- As there has been a reported nation-wide shortage of SLPs, it would be helpful if LSSs would consider collecting data regarding the number of anticipated retirees, conduct exit interviews of SLPs regarding reasons for leaving, and the number of qualified candidates interviewed that took employment in places other than a school setting.
- Preparation programs are key to increasing the availability of qualified educational audiologists and speech-language pathologists to Maryland LSSs. It would be helpful if institutions of higher education that have these preparation programs report the number of graduates that they produce and where those graduates will seek employment.

### **Task Force Recommendations**

The Task Force was charged to consider: (1) The need, if any, for audiologists and speech-language pathologists on staff in the local public school systems in the State; (2) The need, if any, to implement methods to retain and recruit audiologists in the public school systems in the State; and (3) whether the current caseloads and workloads for audiologists need to be adjusted to increase hearing and speech-language services for children in need. The Task Force has reached consensus on these recommendations for the three areas requested in House Bill 1042 regarding audiologists and speech language pathologists' availability in Maryland's public schools.

### *Audiologist Recommendations*

*(1) The need, if any, for audiologists on staff in the local public school systems in the State:*

**Recommendation - I:** Appropriate stakeholders need to be aware of the additional knowledge that will be needed by future audiologists and the increasing costs of technology for students who are hearing impaired so they may budget accordingly.

**Rationale:** Currently, the number of audiologists available appears appropriate to meet the needs of the LSSs. However, the role of the audiologist in schools is expanding due to the rapid changes in technology and the health sciences requiring knowledge and experience with digital hearing aids, cochlear implants and a readiness to provide more advanced diagnostic testing. Contractual services in many cases are reportedly for assessment purposes, which may not provide the ongoing follow-up and opportunities for the necessary consultative services with teachers, staff, and families.

**Recommendation - II:** Trends and changes in practice for audiologists that may impact the availability of audiologists will need to be recognized by stakeholders.

**Rationale:** LSSs reported that they have sufficient access to audiology services either by employment or available contractual services to meet their LSS needs. However, until the impacts of the retention of audiologists, changes in the field of audiology, retirement of currently available audiologists, and Maryland's Universal Newborn Hearing Screening are identified, LSSs will need to continue to closely monitor enrollment of children requiring audiology services.

**Recommendation - III:** It is recommended that the Legislature request the Maryland Department of Health and Mental Hygiene Office of Genetics and Children with Special Health Care Needs who receives the results of all Universal Newborn Hearing Screenings, communicate directly with (MSDE) the number of infants identified with hearing impairments by jurisdiction.

**Rationale:** The number of children identified early with hearing impairments needs to be made available to MSDE as it has implications for budgetary, professional development, and staffing considerations. The hearing screening may lead to an increase in the number of young children identified and therefore increase the need for audiological services to the LSSs.

*(2) The need, if any, to implement methods to retain and recruit audiologists in the public school systems in the State:*

**Recommendation - IV:** Existing and future programs to recruit, retain, and reward staff made available by the legislature such as the Retire/Rehire should include audiologists in addition to educators. Incentives such as signing bonuses for promised school system service provision and national board certification initiatives; including considering recognizing national certification as it relates to the related service occupation, such as, American Speech-Language Hearing Association (ASHA) Certificate of Clinical Competence (CCC) or the American Board of Audiology (ABA) national certification as equal to the teacher's national certification, National Board for Professional Teaching Standards [NBPTS] as appropriate. **(Appendix B)**

**Rationale:** The impact of the Universal Newborn Hearing Screening in the numbers of children identified, and the change in the field of Audiology to a doctoral level may result in shortages of trained educational audiologists requiring incentives or initiatives to retain and recruit audiologists to work in or for LSSs. We believe these initiatives enhance the State's ability to recruit and retain qualified audiologists.

**Recommendation - V:** Stakeholders need to be aware of the changing role of the educational audiologist, which may require recruitment efforts and the development of consortiums for smaller districts to ensure audiologists providing services in Maryland schools have all the necessary skills.

**Rationale:** The roles of audiologists are changing. They are used in a variety of ways in LSSs. (*Table 3 on pages 24-25* Audiologist Scope of Services) There are concerns about the upcoming changes in the field of Audiology to a doctoral level profession and the need for retaining these doctoral candidates in the state of Maryland. To implement such programs as "No Child Left Behind" (NCLB) and to maximize the benefit to all children, every LSS and other stakeholder groups should be aware of the impact these changes could have on the LSSs and the children they serve.

**Recommendation - VI:** Examine the feasibility of a scholarship program to be accessed by audiologists who are in pre-service graduate programs in return for a 5-year commitment for service provision in local school systems as a proactive recruitment measure.

**Rationale:** The retention and recruitment of Maryland trained educational audiologists in return for a 5-year commitment would alleviate any potential shortages and retain skilled audiologists in Maryland public schools.

*(3) Identify whether the current caseloads and workloads for audiologists need to be adjusted to increase hearing and speech-language services for children in need.*

**Recommendation - VII:** Based on activities and roles of the educational audiologist in the LSS, ASHA and others have recommended a 1:10,000 (audiologist to children in the LSS) as a reasonable ratio.

**Rationale:** Caseloads for the audiologist differ from that of SLPs since most services currently are diagnostic and consultative in nature. However, as the roles and responsibilities of audiologists evolve, LSSs may enhance the utilization of audiologists to impact all children in the LSS, not just those with identified hearing loss and thus the traditional "caseload" model is ineffective.

**Recommendation - VIII:** As the role and training of the educational audiologist changes, LSSs and other stakeholders should seek information from ASHA or ABA regarding the types of services audiologists may provide, how they can most effectively provide services within a school system, and a reasonable caseload ratio.

**Rationale:** LSSs may not be aware of the wide array of services that audiologists can provide for children with hearing impairments and the entire school population. ASHA and ABA have access to individuals who are aware of the knowledge and clinical competencies consistent with professionally established standards.

Speech-Language Pathologists (SLPs)

***(1) The need, if any, for speech-language pathologists on staff in the local public school systems in the State:***

**Recommendation - I:** Statewide LSS data shows a growing need to recruit and retain SLPs as employees of the LSSs as a potential cost saving measure as well as to ensure ongoing, consistent service delivery to students. Table 9 on page 31

**Rationale:** Survey results show 84.7 SLP vacancies across the State, with independent contracting agencies filling 60 vacancies or 5.3 % of the vacant positions. This causes an added financial burden to the LSSs. The Total State cost for contracted SLP services during school year 2002-2003 was over 6 million dollars which is a 2 million dollar increase from the over 4 million paid during 2001-2002 school year. There are currently 24.7 positions or 2.2% of the vacancies that remain unfilled which increases the burden on existing staff and the quality of services provided, and in one district it has been self-reported that 95 children are not receiving needed services due to unfilled vacancies. Table 9 on page 31

**Recommendation - II:** Statewide efforts need to be made to identify qualified substitutes for SLPs when services are interrupted by long-term illness or maternity leave.

**Rationale:** Survey results supplied by LSSs indicated some children have been without services on average for a month, but can range between 2 weeks to 9 months before a position can be filled. LSSs report that maternity leaves and long-term illnesses cause many of these interruptions.

***(2) The need, if any, to implement methods to retain and recruit speech-language pathologists in the public school systems in the State:***

**Recommendation - III:** Appropriate stakeholders and LSSs will need to continue to closely monitor the number of children requiring speech-language services to ensure appropriate staffing levels are maintained.

**Rationale:** The current availability of SLPs will be impacted by the retention of SLPs in school settings, expansion of the role of SLPs as NCLB and Reading First initiatives are implemented, and the retirement of currently available SLPs has yet to be identified. Putting resources into recruitment and retention may save future expenses related to staff turnover and compensatory services needed by underserved students.

**Recommendation - IV:** Existing and future programs to recruit and retain staff made available by the legislature such as the Retire/Rehire should include SLPs in addition to educators. Incentives such as signing bonuses for Challenge and Target Schools in exchange for promised school system service provision, and national board certification initiatives including; considering recognizing national certification as it relates to the related service occupation, such as, ASHA Certificate of Clinical Competence (CCC) national certification as equal to the teacher's national certification National Board for Professional Teaching Standards [NBPTS] as appropriate. **(Appendix B)**

**Rationale:** The SLP preparation programs in Maryland do not produce a sufficient number of candidates needed to fill LSS vacancies. Therefore, Institutions of Higher Education should build capacity to increase the recruitment of candidates into their preparation programs. Additionally, incentives or initiatives to retain and recruit SLPs to work in or for LSSs are needed.

**Recommendation - V:** Provide State funding for the continuation and expansion of MSDE, Division of Special Education/Early Intervention Services partnerships with institutions of higher education to provide training for local school system employed Bachelor's level SLP's to bring them to the Master's level in return for a minimum of 5 years of service within Maryland Public Schools.

**Rationale:** The current program has been successful in recruiting and retaining SLP candidates in Maryland public schools and children with speech-language impairments would benefit from an expansion of this program due to the increased availability of highly qualified SLPs. Currently, there are 14 candidates in the cohort group.

**Recommendation - VI:** Examine the feasibility of a scholarship program to be accessed by SLPs who are in pre-service graduate programs in return for a 5-year commitment for service provision in local school systems as a proactive recruitment measure.

**Rationale:** This may provide the opportunity for Maryland trained SLPs to be retained for service in Maryland public schools rather than leaving for other states. This would also enable Maryland to recruit candidates before they hold an advanced degree.

***(3) Identify whether the current caseloads and workloads for speech-language pathologists need to be adjusted to increase hearing and speech-language services for children in need.***

**Recommendation - VII:** LSS's need to review individual SLP caseload and workload responsibilities to ensure children have access to the quality and quantity of services needed to make adequate yearly progress and to assist with retention efforts of SLPs in educational settings.

**Rationale:** As noted in LSS Reported Caseload Information (*Table 2 on pages 20-23*), there can be significant variability regarding the number of children assigned to each SLP within a LSS when reported individually rather than just an average caseload (i.e., Anne Arundel SLPs can have a low of 40 students on a caseload and a high of 77, and Harford SLP's can have a low of 32 and high of 103 on an individual's caseload.) Additionally, in March of 1999, ASHA disseminated an official statement document entitled, *Guidelines for the Roles and Responsibilities of the School-Based Speech-Language Pathologist*. Within the document the following recommendation regarding SLP caseload size determination was included.

“Caseload size must reflect a balance between how many hours are available in the school day for services to students, and how many hours are needed to complete paperwork, staffing, and other required activities.”

**Recommendation - VIII:** To increase the amount of time that SLPs can use their specific expertise to focus on service provision, it is recommended that funding be provided for clerical support and updated technology.

**Rationale:** LSSs have unfilled vacancies and report difficulty in finding SLPs to fill LSS positions. Therefore it is recommended that SLPs be utilized efficiently to provide the direct services to meet the needs of students with speech-language impairments.

# **TABLES**

**Table 1-Audiologists**  
**Local School System Reported Caseload Information –Nov. 2003**

<b>Local School System</b>	<b>Audiologists</b>
<b>Allegany</b>	<i>2 FTE audiologists provide services within 23 schools</i> <u>Student Numbers</u> Kind-2 Elem-8 Middle-6 High-5 Separate School-0
<b>Anne Arundel</b>	Provided by the Health Dept.
<b>Baltimore City</b>	Average per Audiologist-85 (excluding assessments done by the Health Dept.) <u>Student Numbers</u> Kind-59 Elem-343 Middle-123 High-82 Separate School-63 Other-Head Start, Pre-K-83
<b>Baltimore County</b>	<i>3 FTE have 230 students on their consultation caseload and completed 1,086 assessments (02-03) and 320 screenings. They assist in acoustic accommodations/modifications etc.</i> <u>Student Numbers</u> Kind, IT, Pre-K-31 Elem-65 Middle-50 High-33 Separate School-32
<b>Calvert</b>	<i>Contracted Services</i> <u>Student Numbers</u> Kind-0 Elem-27 Middle-16 High-14 Separate School-1 Pre-k & Infants & Toddlers-4
<b>Caroline</b>	<i>Audiology services obtained from the mid-shore consortium</i> <u>Student Numbers</u> Kind-0 Elem-11 Middle-8 High-8 Pre-k & Infants & Toddlers-5
<b>Carroll</b>	<i>Contracted services</i> <u>Student Numbers</u> Elem-28 Middle-6 High-25 Separate School-4

**Table 1-Audiologists  
Local School System Reported Caseload Information –Nov. 2003**

<b>Cecil</b>	Contracts for services on an as needed basis.
<b>Charles</b>	<p><i>1 FTE audiologist</i></p> <p><u>Student Numbers / Workload Duties</u>            Kind-24/ 4 schools, 20 assessments            Elem-28/ 7schools, 20 assessments            Middle-28/5 schools, 20 assessments            High-24/ 4 schools, 20 assessments            Separate School-9/4 schools            Other-126/ 120 assessments</p>
<b>Dorchester</b>	<p><i>Audiology services from mid-shore consortium.</i></p> <p><u>Student Numbers</u>            Kind-1            Elem-10            Middle-3            High-8            Pre-school &amp; Infant/Toddlers-20</p>
<b>Frederick</b>	<i>Frederick County Schools does not employ audiologists. Assessments are contracted through the Health Dept.</i>
<b>Garrett</b>	<p><i>Contracted Services</i></p> <p><u>Student Numbers/ Workload</u>            Kind-0            Elem-5/2 schools with 3 FM students            Middle-2/2 schools 1 FM student            High-1/ classroom consultation            Separate School-0 &amp; Other- Preschool-1</p>
<b>Harford</b>	<p><i>1 Part-time Audiologist (3 days wk.)</i></p> <p><u>Student Numbers</u>            Kind-2            Elem-26            Middle-11            High-12            Separate School-10 (MSD)            Other- 7 Infants &amp; Toddlers &amp; Preschool</p>
<b>Howard</b>	<p><i>1.7 audiologists provide services at 43 of the 68 schools, most often related to the use of FM systems.</i></p> <p><u>Student Numbers</u>            Kind-12            Elem-30            Middle-15            High-18            Separate School-2</p>
<b>Kent</b>	<p><i>Services provided through mid-shore consortium.</i></p> <p><u>Student Numbers</u>            Kind-2            Elem-7            Middle-3            High-3            Preschool-1</p>

**Table 1-Audiologists  
Local School System Reported Caseload Information –Nov. 2003**

<b>Montgomery</b>	<p><i>1 FTE provides audiology services to 100+ D/HOH staff &amp; 350+ students receiving D/HOH services, reviews 350+ audiological assessments, develops and maintains hearing aid loaner bank, other referrals, and staff training.</i></p> <p><u>Student Numbers in 158+ schools</u>          Kind-16          Elem-125          Middle-76          High-78          Separate School-4          Other-Preschool &amp; Infants &amp; Toddlers 64          Processing Issues with normal hearing-61</p>
<b>Prince George's</b>	<p><i>Caseload shared between 2 FTE audiologists (and some services are provided by a teacher of the hearing impaired).</i></p> <p><u>Student Numbers</u>          Kind &amp; Elem-55          Middle-16          High-35          Separate School-12          Other-3 (deaf/blind)          Preschool &amp; Infants &amp; Toddlers-67</p>
<b>Queen Anne's</b>	<p><i>One Part-time audiologist from the consortium serves all 12 schools.</i></p> <p><u>Student Numbers</u>          Kind-4          Elem-14          Middle-4          High-10          Separate School-10          Infants &amp; Toddlers-9          MSD-1</p>
<b>St. Mary's</b>	<p><i>1 Full time and 1 part-time (10 hr wk for diagnostic testing and HA &amp; FM management)</i></p> <p><u>Student Numbers</u>          Kind-Elem-20 in 16 schools          Middle-12 in 4 schools          High-11 in 3 high schools          Separate School-0          Pre-K-1          Pre-school-3          Infants &amp; Toddlers-3</p>
<b>Somerset</b>	<p><i>Use consortium audiology services as needed.</i></p>
<b>Talbot</b>	<p><i>1 FTE is part of the 5 mid-shore county consortium.</i></p> <p><u>Student Numbers</u>          Kind-0          Elem-3          Middle-5          High-3          Separate School-0          Preschool-2 &amp; Infants &amp; Toddlers-6</p>

**Table 1-Audiologists**  
**Local School System Reported Caseload Information –Nov. 2003**

<b>Washington</b>	Audiology services provide by the local health department as needed
<b>Wicomico</b>	<i>Audiology assessment services are contracted at \$110.00 per assessment.</i> <u>Student Numbers for 1 FTE audio.</u> Kind-2 in 5 elementary schools Elem-10 in 5 elementary schools Middle-16 in 4 middle schools High-6 in 3 high schools Separate School- MSD-4 Preschool-3
<b>Worcester</b>	<i>Contracts assessment and parent consultative services from Wicomico County audiologist as needed.</i>

**Table 2-Speech Language Pathologists  
Local School System Reported Caseload Information-Nov. 2003**

<b>Local School System</b>	<b>Speech-Language Pathologists</b>
<b>Allegany</b>	<i>Average caseload per FTE is 44.3</i> <u>Student Numbers</u> Kind-41 Elem-311 Middle-28 High-1 Separate School-18
<b>Anne Arundel</b>	<i>Caseload average per FTE :(includes private school students)</i> Elem-48.2 Middle-73.3 High-77.2 Special Centers- 62.2 Child ID 40.0
<b>Baltimore City</b>	<i>Caseload per FTE 50-60 in elementary, 60 in middle and high schools, CEO district 40-50 students per FTE</i> <u>Student Numbers</u> Elem-3,818 Middle-635 High-545 CEO District 7-329 Head Start-188 Natural Environment-115 Private & Parochial-266 Infants & Toddlers-305
<b>Baltimore County</b>	<i>Average Caseload per FTE is 50 students.</i> <u>Student Numbers</u> Kind & Elem-4,541 Middle-572 High-124 Separate School-250 Non-public-250
<b>Calvert</b>	<i>Average Caseload per FTE 50-60+</i>
<b>Caroline</b>	<u>Student Numbers</u> <i>Kind-34 and Elem-200 shared by 4 SLPs in 5 different schools- Average caseload per FTE is 58.5</i> <i>Middle-46 and High-8 four schools for 1 SLP-Caseload 54</i> Separate School-3 <i>Infants &amp; Toddlers-23 shared by 2 SLPs who spend remaining time with school-age children</i>
<b>Carroll</b>	SLPs have an average of 1-2 schools <i>Caseload average per FTE is:</i> Elem-45-55 Middle-45-55 High-45-55 Separate School-20 <i>with one school</i>

**Table 2-Speech Language Pathologists  
Local School System Reported Caseload Information-Nov. 2003**

<b>Cecil</b>	<p><i>Caseload per FTE 65, School assignments vary from 1-4 schools</i></p> <p><u>Student Numbers</u>          Kind-116          Elem-857          Middle-139          High-70          Separate School-5          Preschool-119</p>
<b>Charles</b>	<p><i>Average caseload per FTE 52.7</i></p> <p><u>Student Numbers</u>          Kind-120          Elem-913          Middle-155          High-68          Separate School-34 non-public/private          Other-15 regional intensive programs</p>
<b>Dorchester</b>	<p><i>Average caseload per FTE 32.8</i></p> <p><u>Student Numbers</u>          Kind- 43 in 7 schools          Elem-84 in 7 schools          Middle-21 in 2 schools          High-3 in 2 schools          Private Schools-3          Infant &amp; Toddlers-43</p>
<b>Frederick</b>	<p><i>SLP average caseload varies. Try to have no more than 50 students per FTE although some can go as high as 60+ as a school year progresses.</i></p> <p><u>Student Numbers</u>          Kind-&amp; Elem- 1709 in 34 schools          Middle-465 in 11 schools          High-212 in 9 schools          Special School-116 in 3 schools</p>
<b>Garrett</b>	<p><i>Caseloads per FTE range from 30-71</i></p> <p><u>Student Numbers</u>          Kind-37 in 10 schools          Elem-154 in 11 schools          Middle-37 in 2 schools.          High-14 in 2 schools          Other Settings-45 Preschool, Head Start, Day Care, Judy Center, EEEP</p>
<b>Harford</b>	<p><i>Caseloads vary as follows:</i>  <i>Maximum elem-63</i>  <i>Maximum middle- 111</i>  <i>Maximum high-23</i>  <i>Majority of elementary SLPs are assigned to 1 school, and some middle school SLP's have 3 or 4 schools. Duties vary from school to school.</i></p> <p><u>Student Numbers at an Average School</u>          Kind-11          Elem-63          Middle-53          High-15          Separate School-106</p>

**Table 2-Speech Language Pathologists  
Local School System Reported Caseload Information-Nov. 2003**

<b>Howard</b>	<i>Average caseload numbers with SLP's having 1 or 2 schools are as follows:</i> Kind-54 Elem-54 Middle-58 High-58 Separate School-54
<b>Kent</b>	<i>Caseload per FTE is not to exceed 60.</i> SLP1-32 for Infants/Toddlers, Preschool and Judy Centers, 9 middle school students (total 41) and serves as Assistive Technology Coordinator. SLP2- 55 for K-8 SLP 3-45 for elementary SLP 4-42 for K-12 <u>Student Numbers</u> Kind-7 Elem-61 Middle-41 High-4 Preschool & Infants & Toddlers-25
<b>Montgomery</b>	<i>Student Caseload per FTE:</i> Kind-50-60 in one or two schools Elem-50-60 in one or two schools Middle-60-70 in one or two schools High-60-70 in one or two schools Separate School-60-70 in one school Preschool 40-45 in one or two schools
<b>Prince George's</b>	<i>SLP's have between 1&amp; 3 schools per week; Average Student Caseload Numbers</i> Kind-60 Elem-60 Middle-60 High-60 Regional Separate School-60 Other-Early Childhood Centers-60
<b>Queen Anne's</b>	<i>Caseload divided among 9 SLP's as follows:</i> SLP 1- 1 elem school, 65 students, no other duties SLP 2- (.6 FTE) 1 high & 1 middle, 51 students, no other duties SLP 3- 1 middle, 1 elem, 51 students, no other duties SLP 4- 1 elem., 52 students, no other duties SLP 5- 2 elem, 1 middle, 50 students, IEP chair in one elem. School SLP 6- 1 elem, 1high, 38 students, no other duties SLP 7-1 elem, 40 students, no other duties SLP 8 (.6FTE) 2 elem schools, 30 students, no additional duties SLP 9 (.5FTE) Infant & Toddler Program, 30 students, no additional duties
<b>St. Mary's</b>	<i>Caseload per FTE is 56. Some of the 19 full time and 3 part-time therapists have 2 schools.</i> <u>Student Numbers</u> Kind-115 Elem-653 Middle-123 High-46 Other-Community-based environ-55 and Pre-K-124

**Table 2-Speech Language Pathologists  
Local School System Reported Caseload Information-Nov. 2003**

<p><b>Somerset</b></p>	<p><i>Caseload per FTE</i>  SLP 1-48 Pre-k-12  SLP 2-35 Prek-5  SLP 3-25 Prek-5  <u>Student Numbers among 3 FTE</u>  Kind-25 in 3 schools  Elem-57 in 6 schools  Middle-11 in 2 schools  High-4 in 1 school  Separate School-0</p>
<p><b>Talbot</b></p>	<p><i>Caseload per FTE is:</i>  SLP 1-22 elementary  SLP 2-32 elementary, middle, &amp; high  SLP 3-25 elementary  SLP 4-39 elementary, middle, &amp; high  SLP 5-46 infant-Grade 1  <i>There are 8 schools and 5 therapists. 1 therapist has 3 schools, 1 large elem. School has 2 therapists. None of the SLP's have additional school based duties. However, SLP1 does assistive technology 1 day a wk, SLP 2 is released 1 day a week to participate in Loyola Master's Program under SLP 5 and Loyola staff supervision.</i></p> <p><u>Student Numbers</u>  Kind-24  Elem-86  Middle-11  High-4  Non-graded students over age18-3  Pre-K-23  3 year olds-16  Infant&amp;Toddler- 13</p>
<p><b>Washington</b></p>	<p><i>Average caseload per therapist prek-12 is 60 students.</i></p>
<p><b>Wicomico</b></p>	<p><i>Average caseload per FTE is 48, although 3 SLP's have 80+. Student caseload among 16 FTE therapists.</i></p> <p><u>Student Numbers</u>  Kind-53 in 10 schools  Elem-243 in 14 schools  Middle-45 in 5 schools  High-25 in 4 schools  Other-15 in Head Start, Day Care, and Child development centers</p>
<p><b>Worcester</b></p>	<p><i>Most therapists have 2 schools</i>  <i>Average Caseload Numbers:</i>  Kind- average of 12 per therapist  Elem-average of 28 per therapist  Middle-65 for 1 therapist  High-average 15 per therapist  Other-self contained wing 46 per therapist</p>

**Table 3**  
**Nov. 2003**

**Local School System Scope of Services and Workload Responsibilities Results-HB 1042**

<b>Audiologists</b>	<b># of Respondents</b>	<b>Speech-Language Pathologists</b>	<b># of Respondents</b>
Consultation with Parents	19	Consultation with Parents	24
Assessment	18	Assessment	24
IEP Team Member	18	IEP Team Member and Related Duties	24
Consultative Services	18	Direct Services	24
Direct Services	16	Consultative Services	24
IFSP Services	11	Travel between schools	17
Amplification Systems	8	Case management	9
Inservice Training	3	Billing for Services-Medicaid	9
Ensure Accommodations are in Place as on IEP/504	3	IFSP services & Preschool	8
Liaison with medical community and outside agencies	3	In School Duties (i.e., bus duty, lunch duty, bulletin boards, etc.)	8
Administrative Functions-Budget prep, policy development, equipment purchasing, report writing, due process, etc	3	School and Educational Teams/Committees	7
Advocacy for HI students	1	Participate in Development and Service Delivery of Augmentative/Assistive Communication Devices	6
Case Management	1	Participate in and/or Deliver Professional Development inservice	6
		Develop & Monitor 504 & Alternative Intervention Strategies (AIS) Plans	4
		Screening Prior to IEP Process	5
		Service coordination-Medicaid	3
		Make instructional materials	3
		Parent-Teacher Conferences	2
		Supervise Interns/Mentoring	2
		Co-teaching and Collaborative Services	2
		Literacy Support	2
		Classroom Observations	1
		Supervise Paraprofessionals	1
		Curriculum Analysis	1
		Club Sponsor	1
		Grant writing	1

**Table 3**  
**Nov. 2003**

<b>Audiologists</b>	<b># of Respondents</b>	<b>Speech-Language Pathologists</b>	<b># of Respondents</b>
		Transition Meetings	1
		Provide State Test Accommodations	1
		IEP Team Chairperson	1
		Private School Support	1

*Additional Comments:*

Regarding Audiology Services

One local school system reported Audiologist salary issues.

Mid-shore school systems obtain Audiology services through a consortium.

A few districts reported they contract Audiology services as needed and do not have individuals on staff.

Some school systems obtain Audiology services through the health department.

Regarding Speech and Language Services

SLP's have to pick up assessment and IEP writing for non-certified SLP's.

The number of school assignments varies by therapist within each school system depending upon student caseloads.

Substitute SLP's are difficult to find and existing staff may have to pick up additional responsibilities.

**Table 4****Number of Services and Students Receiving  
Audiological Services  
12/1/2001**

<u>LEA</u>	<u># of STUDENTS</u>	<u># of SERVICES RECORD*</u>
Allegany	10	10
Anne Arundel	157	163
Baltimore County	140	141
Calvert	28	33
Caroline	11	15
Carroll	10	10
Cecil	0	0
Charles	29	32
Dorchester	6	6
Frederick	48	59
Garrett	8	8
Harford	21	21
Howard	62	62
Kent	4	5
Montgomery	154	186
Prince George's	120	120
Queen Anne's	0	0
St. Mary's	26	26
Somerset	0	0
Talbot	1	1
Washington	13	13
Wicomico	0	0
Worcester	1	1
Baltimore City	695	695
Edison Schools	8	9
MD School for Blind	1	1
MD School for Deaf	350	422
<b>STATE</b>	<b>1,903</b>	<b>2,039</b>

*\*Number of services may be larger than the number of students identified as receiving services since extended school year services or multiple services provided by one or more than one audiologist to the same child may be included in these numbers.*

**Table 5****Number of Services and Students Receiving  
Audiological Services  
12/1/2002**

<u>LEA</u>	<u># of STUDENTS</u>	<u># of SERVICES RECORD*</u>
Allegany	8	8
Anne Arundel	143	148
Baltimore County	146	146
Calvert	31	32
Caroline	9	13
Carroll	8	8
Cecil	0	0
Charles	21	23
Dorchester	5	5
Frederick	60	86
Garrett	9	9
Harford	21	21
Howard	70	72
Kent	3	3
Montgomery	86	86
Prince George's	123	123
Queen Anne's	0	0
St. Mary's	28	28
Somerset	0	0
Talbot	1	1
Washington	8	8
Wicomico	0	0
Worcester	1	1
BaltimoreCity	643	643
Edison Schools	10	14
MD School for Blind	1	1
MD School for Deaf	348	401
<b>STATE</b>	<b>1,783</b>	<b>1,880</b>

*\*Number of services may be larger than the number of students identified as receiving services since extended school year services or multiple services provided by one or more than one audiologist to the same child may be included in these numbers.*

**Table 6****Number of Services and Students Receiving  
Speech-Language Services  
12/1/2001**

<b><u>LEA</u></b>	<b><u># of STUDENTS</u></b>	<b><u># of SERVICES RECORD*</u></b>
Allegany	852	904
Anne Arundel	4832	4994
Baltimore County	5695	5696
Calvert	1271	1286
Caroline	306	310
Carroll	2040	2054
Cecil	1090	1090
Charles	1048	1052
Dorchester	283	283
Frederick	2431	2463
Garrett	284	284
Harford	2673	2680
Howard	2944	2966
Kent	177	177
Montgomery	9739	9903
Prince George's	7501	7521
Queen Anne's	361	385
St. Mary's	994	994
Somerset	98	98
Talbot	169	169
Washington	1140	1140
Wicomico	675	680
Worcester	447	449
Department of Juvenile	6	6
Baltimore City	6346	6346
Edison Schools	143	210
MD School for Blind	148	192
MD School for Deaf	235	237
<b>STATE</b>	<b>53,928</b>	<b>54,569</b>

*\*Number of services may be larger than the number of students identified as receiving services since extended school year services or multiple services provided by one or more than one pathologist to the same child may be included in these numbers.*

**Table 7****Number of Services and Students Receiving  
Speech-Language Services  
12/1/2002**

<b><u>LEA</u></b>	<b><u># of STUDENTS</u></b>	<b><u># of SERVICES RECORD*</u></b>
Allegany	754	754
Anne Arundel	5039	5041
Baltimore County	5898	5898
Calvert	1206	1212
Caroline	307	311
Carroll	2019	2031
Cecil	1091	1091
Charles	1090	1093
Dorchester	259	259
Frederick	2552	2593
Garrett	277	277
Harford	2858	2859
Howard	3147	3163
Kent	160	160
Montgomery	10076	10240
Prince George's	7427	7464
Queen Anne's	344	364
St. Mary's	1022	1025
Somerset	101	101
Talbot	184	184
Washington	1158	1159
Wicomico	684	688
Worcester	431	434
DJJ	4	4
Baltimore City	5985	5985
Edison Schools	134	136
MD School for Blind	150	213
MD School for Deaf	240	241
STATE	54,597	54,980

*\*Number of services may be larger than the number of students identified as receiving services since extended school year services or multiple services provided by one or more than one pathologist to the same child may be included in these numbers.*

**Table 8-House Bill 1042**

School Year 2003-2004 Full Time Equivalents (FTEs), Vacancies and Contracted Services and 01-02 and 02-03 Costs for Contracted Services

12/16/03

**Audiologists**

LSS	Total Positions (FTE)	Positions Filled by			% Positions Filled by			Contracted SY 02-03 cost	Contracted SY 01-02 cost
		LSS Employees	Contractual Providers	Unfilled Positions	LSS Employees	Contractual Providers	% Unfilled Positions		
Allegany	2.0	2.0	0.0	0.0	100.0%	0.0%	0.0%	\$19,088.96	\$15,271.17
AACPS	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Baltimore City	8.0	8.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Baltimore Co	4.0	4.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Calvert County	2.0	2.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Caroline Co	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$9,800.00	\$9,395.00
Carroll County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$16,650.00	\$8,509.00
Cecil County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Charles County Public	1.0	1.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Dorchester County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$9,800.00	\$9,395.00
Frederick County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Garrett County	0.2	0.0	0.2	0.0	0.0%	100.0%	0.0%	\$12,183.00	\$10,440.00
Harford County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Howard County	1.7	1.7	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Kent County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Montgomery County	1.0	1.0	0.0	0.0	100.0%	0.0%	0.0%	\$12,500.00	\$14,600.00
Prince George's Co	2.0	2.0	0.0	0.0	100.0%	0.0%	0.0%	\$2,530.00	\$770.00
Queen Anne's County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Somerset	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$1,500.00	\$1,000.00
St. Mary's County	1.0	1.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Talbot County	1.0	1.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Washington County	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$0.00	\$0.00
Wicomico	1.0	1.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00 *	\$0.00 *
Worcester	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	\$4,400.00	\$4,200.00
<b>Total</b>	<b>24.9</b>	<b>24.7</b>	<b>0.2</b>	<b>0.0</b>	<b>99.2%</b>	<b>0.8%</b>	<b>0.0%</b>	<b>\$88,451.96</b>	<b>\$73,580.17</b>

**Note: Some local school systems access audiological services from the local health department and 5 mid-shore counties access services through a consortium.**

\* Noted payment of \$110.00 flat fee per assessment.

This is point in time data based upon information on the date the survey was completed (Oct-Nov 2003).

**Table 9**-House Bill 1042

School Year (SY) 2003-2004 Full Time Equivalents (FTEs), Vacancies and Contracted Services and 01-02 and 02-03 Costs for Contracted Services  
12/16/03

**Speech-Language Pathologists**

LSS	Total Positions (FTE)	Positions Filled by Contractual		Unfilled Positions	% Positions Filled by LSS		% Unfilled Positions	Contracted SY02-03 cost	Contracted SY01-02 cost
		LSS Employees	Providers		Employees	Providers			
Allegany	12.0	9.0	1.0	2.0	75.0%	8.3%	16.7%	\$62,000.00	\$49,600.00
AACPS	117.7	114.7	2.0	1.0	97.5%	1.7%	0.8%	\$30,829.00	\$175,462.50
Baltimore City	159.5	127.0	30.0	2.5	79.6%	18.8%	1.6%	\$3,678,275.00	\$3,009,743.88
Baltimore Co	158.2	153.8	4.4	0.0	97.2%	2.8%	0.0%	\$330,000.00	\$0.00
Calvert County	23.3	20.3	1.0	2.0	87.1%	4.3%	8.6%	\$7,437.00	\$37,800.00
Caroline Co	5.0	5.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Carroll County	39.7	39.7	0.0	0.0	100.0%	0.0%	0.0%	\$38,346.00	\$9,040.00
Cecil County	19.2	17.0	2.2	0.0	88.5%	11.5%	0.0%	\$128,441.25	\$121,831.88
Charles County Public	27.7	25.7	0.0	2.0	92.8%	0.0%	7.2%	\$0.00	\$0.00
Dorchester County	10.0	6.0	2.0	2.0	60.0%	20.0%	20.0%	\$228,150.00	\$88,275.00
Frederick County	59.8	56.6	1.0	2.2	94.6%	1.7%	3.7%	\$53,099.00	\$0.00
Garrett County	5.0	5.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Harford County	63.5	59.0	4.0	0.5	92.9%	6.3%	0.8%	\$291,960.00	\$291,960.00
Howard County	92.7	91.7	1.0	0.0	98.9%	1.1%	0.0%	\$436,385.00	\$110,474.00
Kent County	4.0	4.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Montgomery County	159.9	151.0	1.4	7.5	94.4%	0.9%	4.7%	\$340,045.00	\$0.00
Prince George's Co	85.0	78.0	7.0	0.0	91.8%	8.2%	0.0%	\$550,561.00	\$77,000.00
Queen Anne's County	7.7	7.7	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Somerset	3.0	3.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
St. Mary's County	20.0	19.0	1.0	0.0	95.0%	5.0%	0.0%	\$88,608.00	\$55,598.00
Talbot County	5.0	5.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Washington County	16.0	16.0	0.0	0.0	100.0%	0.0%	0.0%	\$0.00	\$0.00
Wicomico	20.0	16.0	2.0	2.0	80.0%	10.0%	10.0%	\$13,500.56	\$6,600.80
Worcester	8.0	7.0	0.0	1.0	87.5%	0.0%	12.5%	\$0.00	\$0.00
<b>Total</b>	<b>1121.9</b>	<b>1037.2</b>	<b>60.0</b>	<b>24.7</b>	<b>92.5%</b>	<b>5.3%</b>	<b>2.2%</b>	<b>\$6,277,636.81</b>	<b>\$4,033,386.06</b>

This is point in time data based upon information on the date the survey was completed (Oct-Nov 2003).

# Table 10

Students with Disabilities by Disability  
December 1, 2002  
Ages 3-21

-2-

	Total Special Education	Mental Retardation		Hearing Impaired		Deaf		Speech/ Language		Visually Impaired		Emotion-ally Disturbed		Orthope-dically Impaired	
		Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
<b>Total State</b>	<b>113,128</b>	<b>6,914</b>	<b>6.11%</b>	<b>704</b>	<b>0.62%</b>	<b>700</b>	<b>0.62%</b>	<b>29,647</b>	<b>26.21%</b>	<b>586</b>	<b>0.52%</b>	<b>9,536</b>	<b>8.43%</b>	<b>569</b>	<b>0.50%</b>
Allegany	1,781	134	7.52%	0	0.00%	5	0.28%	398	22.35%	2	0.11%	82	4.60%	1	0.06%
Anne Arundel	10,695	466	4.36%	55	0.51%	9	0.08%	2,667	24.94%	32	0.30%	935	8.74%	13	0.12%
Baltimore City	15,183	1,987	13.09%	95	0.63%	14	0.09%	3,453	22.75%	89	0.59%	2,304	15.18%	132	0.87%
Edison Schools	231	22	9.52%	1	0.43%	0	0.00%	72	31.17%	1	0.43%	27	11.69%	0	0.00%
Baltimore	13,559	762	5.62%	83	0.61%	20	0.15%	3,325	24.52%	31	0.23%	1,446	10.66%	52	0.38%
Calvert	2,315	90	3.89%	18	0.78%	0	0.00%	657	28.38%	9	0.39%	136	5.87%	7	0.30%
Caroline	722	59	8.17%	1	0.14%	4	0.55%	248	34.35%	1	0.14%	31	4.29%	4	0.55%
Carroll	3,723	126	3.38%	30	0.81%	4	0.11%	1,324	35.54%	14	0.38%	191	5.13%	29	0.78%
Cecil	2,593	104	4.01%	19	0.73%	2	0.08%	701	27.03%	10	0.39%	146	5.63%	17	0.66%
Charles	2,504	302	12.06%	15	0.60%	1	0.04%	650	25.96%	7	0.28%	260	10.38%	5	0.20%
Dorchester	591	52	8.80%	2	0.34%	2	0.34%	172	29.10%	6	1.02%	16	2.71%	1	0.17%
Frederick	4,728	156	3.30%	38	0.80%	7	0.15%	1,556	32.91%	23	0.49%	319	6.75%	23	0.49%
Garrett	721	28	3.88%	5	0.69%	0	0.00%	196	27.18%	0	0.00%	73	10.12%	2	0.28%
Harford	6,079	246	4.05%	30	0.49%	7	0.12%	1,715	28.21%	17	0.28%	315	5.18%	26	0.43%
Howard	5,005	196	3.92%	23	0.46%	15	0.30%	1,685	33.67%	27	0.54%	267	5.33%	32	0.64%
Kent	346	30	8.67%	1	0.29%	1	0.29%	71	20.52%	2	0.58%	15	4.34%	0	0.00%
Montgomery	17,013	500	2.94%	123	0.72%	118	0.69%	5,486	32.25%	68	0.40%	1,122	6.59%	63	0.37%
Prince George's	15,076	947	6.28%	124	0.82%	37	0.25%	2,806	18.61%	44	0.29%	1,333	8.84%	127	0.84%
Queen Anne's	995	26	2.61%	0	0.00%	3	0.30%	171	17.19%	3	0.30%	40	4.02%	2	0.20%
St. Mary's	2,144	99	4.62%	15	0.70%	3	0.14%	695	32.42%	10	0.47%	103	4.80%	12	0.56%
Somerset	361	55	15.24%	0	0.00%	3	0.83%	50	13.85%	2	0.55%	16	4.43%	1	0.28%
Talbot	467	64	13.70%	1	0.21%	1	0.21%	136	29.12%	1	0.21%	17	3.64%	3	0.64%
Washington	2,829	177	6.26%	16	0.57%	2	0.07%	716	25.31%	10	0.35%	162	5.73%	8	0.28%
Wicomico	1,663	203	12.21%	5	0.30%	5	0.30%	387	23.27%	9	0.54%	60	3.61%	5	0.30%
Worcester	860	71	8.26%	4	0.47%	2	0.23%	308	35.81%	2	0.23%	8	0.93%	3	0.35%
<b>Total Local Education Agencies</b>	<b>112,184</b>	<b>6,902</b>	<b>6.15%</b>	<b>704</b>	<b>0.63%</b>	<b>265</b>	<b>0.24%</b>	<b>29,645</b>	<b>26.43%</b>	<b>420</b>	<b>0.37%</b>	<b>9,424</b>	<b>8.40%</b>	<b>568</b>	<b>0.51%</b>
Department of Juvenile Justice	213	10	4.85%	0	0.00%	0	0.00%	3	1.46%	0	0.00%	97	47.09%	1	0.49%
Carter	7	0	0.00%	0	0.00%	0	0.00%	1	14.29%	0	0.00%	0	0.00%	0	0.00%
Cheltenham Detention Facility	21	1	4.76%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	14	66.67%	0	0.00%
Cumberland Youth Services Ctr.	30	1	3.33%	0	0.00%	0	0.00%	1	3.33%	0	0.00%	5	16.67%	0	0.00%
Hickey School	102	5	4.90%	0	0.00%	0	0.00%	1	0.98%	0	0.00%	48	47.06%	1	0.98%
Maryland Youth Residence Ctr.	7	1	14.29%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	85.71%	0	0.00%
Noyse Childrens Center	14	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	8	57.14%	0	0.00%
Schaffer House	1	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Thomas JS Waxter Children's Ctr.	8	1	12.50%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	4	50.00%	0	0.00%
Thomas O'Farrell	23	1	4.35%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	12	52.17%	0	0.00%
Adult Corrections	100	2	2.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	14	14.00%	0	0.00%
Maryland School for the Blind	177	0	0.00%	0	0.00%	0	0.00%	0	0.00%	166	93.79%	1	0.56%	0	0.00%
Maryland School for the Deaf	454	0	0.00%	0	0.00%	435	95.81%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total State Operated Programs</b>	<b>944</b>	<b>12</b>	<b>1.28%</b>	<b>0</b>	<b>0.00%</b>	<b>435</b>	<b>46.42%</b>	<b>2</b>	<b>0.21%</b>	<b>166</b>	<b>17.72%</b>	<b>112</b>	<b>11.95%</b>	<b>1</b>	<b>0.11%</b>

## References

- American Speech-Language-Hearing Association. (2002). *Guidelines for audiology service provision in and for schools*. [On-line]. Available: [www.asha.org](http://www.asha.org)
- American Speech-Language-Hearing Association. (1999). *Guidelines for the roles and responsibilities of the school-based speech-language pathologist*. [On-line]. Available: [www.asha.org](http://www.asha.org)
- Brannen, S.J., Huffman, N.P., Marttila, J., & Williams, E.J. (2003). *Audiology services in the schools*. (COPSSE- Document No. 1B-6E). Gainesville, FL: University of Florida, Center on Personnel Studies in Special Education. [On-line]. [www.copsse.org](http://www.copsse.org)
- Darley, F.L. (Ed.). (1961). Public schools speech and hearing services (Suppl.8, pp.1-2). *Journal of Speech and Hearing Disorders Monograph*.
- National Information Center for Children and Youth with Disabilities. (2001) *Fact Sheet #11*. [On-line]. Available: [www.nichcy.org/oubs/factshe/fs11txt.htm](http://www.nichcy.org/oubs/factshe/fs11txt.htm)
- Speechville Express. (2000). *SLP caseloads by state*. [On-line]. Available: [www.speech-express.com/advocacy-depot/caseloads-state.html](http://www.speech-express.com/advocacy-depot/caseloads-state.html)
- U.S. Department of Education. Office of Special Education Programs. (1998) *Twentieth annual report to congress on the implementation of the individuals with disabilities education act*. Washington, DC: Author.
- U.S. Department of Education. Office of Special Education Programs. (2000) *Twenty-second annual report to congress on the implementation of the individuals with disabilities education act*. Washington, DC: Author.
- U.S Department of Labor. (2001). *November 2001 Monthly Labor Review*. Occupational employment projections to 2010. Washington, D. C.: Author.
- Whitmire, K.A., & Eger, D.L. (2003). *Issue brief on personnel preparation and credentialing in speech-language pathology*. (COPSSE Document No. 1B-5E). Gainesville, FL: University of Florida, Center on Personnel Studies in Special Education. [On-line]. [www.copsse.org](http://www.copsse.org)

# APPENDICES

## Appendix A

### Survey of Availability of Audiology and Speech-Language Services in Maryland Public Schools- House Bill 1042

Local School System \_\_\_\_\_

Contact Person regarding survey \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Audiologist

1. Please identify the scope of services provided by audiologists in your school system.

Type of Service	Yes	No
Assessment		
IEP Team Member		
Direct services		
Consultative services		
Consultation with parents		
Other-please specify:		

2. How many licensed audiologists are employed by and are on staff in your school system?

Licensed audiologists: FTE: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

3. What is the amount and cost of contracted services utilized by your school system for audiology services?

School year 2002-03 Hours: \_\_\_\_\_ Cost: \_\_\_\_\_

School year 2001-02 Hours: \_\_\_\_\_ Cost: \_\_\_\_\_

4. Do you currently have audiologist vacancies? If yes:

Number of Vacancies filled by contractual personnel \_\_\_\_\_ Total Unfilled Vacancies \_\_\_\_\_

## Appendix A

**5. Please specify the caseloads and workload duties for the audiologists in your school system:**

<b>Audiologists</b>	<b>Caseload (# of students)</b>	<b>Workload duties(please describe # of schools and/or other responsibilities)</b>
Kindergarten		
Elementary School		
Middle School		
High School		
Separate school		
Other setting (please specify)		

**6 a. How many children are currently without hearing services due to unfilled positions for audiologists?** \_\_\_\_\_

**6 b. What is the average length of time the children have been without hearing services?**  
\_\_\_\_\_

**7. What is the cost of compensatory services and any other legal or administrative costs that have been incurred by your local public school system for children who do not receive hearing services?**

	<b>2002-03</b>	<b>2001-02</b>
Cost of compensatory services		
Cost of any other legal or administrative costs incurred		

**8. What is the total number of children in need of hearing services in your local public school system?** \_\_\_\_\_

## Appendix A

### Speech-language services

1. Please identify the scope of services provided by speech-language pathologists in your school system.

Type of Service	Yes	No
Assessment		
IEP Team Member		
Direct services		
Consultative services		
Consultation with parents		
Other-please specify:		

2. How many licensed speech-language pathologists are employed by and are on staff in your school system?

Licensed speech-language pathologists: FTE: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

3. What is the amount and cost of contracted services utilized by your school system for speech-language services?

School year 2002-03 Hours: \_\_\_\_\_ Cost: \_\_\_\_\_

School year 2001-02 Hours: \_\_\_\_\_ Cost: \_\_\_\_\_

4. Do you currently have speech-language pathologist vacancies? If yes:

Number of Vacancies filled by contractual personnel \_\_\_\_\_ Total Unfilled Vacancies \_\_\_\_\_

5. Please specify the caseloads and workload duties for the speech-language pathologists in your school system:

Speech-Language Pathologists	Caseload (# of students)	Workload duties (please describe # of schools and/or other responsibilities)
Kindergarten		
Elementary School		
Middle School		
High School		
Separate school		
Other setting (please specify)		

## Appendix A

6 a. How many children are currently without speech-language services due to unfilled positions for speech-language pathologists? \_\_\_\_\_

6 b. What is the average length of time the children have been without speech-language services?  
\_\_\_\_\_

7. What is the cost of compensatory services and any other legal or administrative costs that have been incurred by your local public school system for children who do not receive speech-language services?

	2002-03	2001-02
Cost of compensatory services		
Cost of any other legal or administrative costs incurred		

8. What is the total number of children in need of speech-language services in your local public school system? \_\_\_\_\_

Thank you for assisting us in meeting this legislative requirement.

**Please FAX the completed survey to Fran Sorin at 410-333-0298 by November 3, 2003.**

## Appendix B

### *Side-By-Side Comparison* Developed by ASHA Requirements

	<i>National Board for Professional Teaching Standards (NBPTS or the National Board)</i>	<i>American Speech-Language-Hearing Association (ASHA)</i>
<i>Certification Fees</i>	Candidate (evaluation) fee: \$2,300.	Certification fee: \$406.
<i>Highest Degree Required</i>	BA/BS	MA/MS or doctoral degree.
<i>Skills Validation</i>	The first part of the certification process asks teachers to develop a portfolio reflecting various aspects of their teaching. Candidates show evidence of how their teaching practice meets National Board Standards by: (1) submitting student work; (2) providing videotapes of classroom interaction and (3) written commentaries.	ASHA requires every candidate to complete specified graduate-level academic course work and graduate level clinical practice in an accredited program.  After graduation, skills are further refined during a full nine months of work experience under the direction of a certified professional. This professional mentors the candidate a minimum of 36 times through direct observation, evaluation of student progress, feedback from school colleagues, students and parents, and/or examination of records. The supervisor completes three formal inventories of skills and recommends approval/disapproval of the candidate's performance during this Clinical Fellowship.
<i>Skills Validation (continued)</i>	The second part of the certification process takes place at an assessment center where computer-based exercises focus on content knowledge as well as age- and content-appropriate teaching strategies. Teachers demonstrate their knowledge with written responses to prompts/stimulus materials such as journal articles.	The candidate must pass a two-hour nationally standardized exam administered by the Educational Testing Service (ETS). This exam has been nationally validated.  Candidates must also undergo a second exam, designed by Professional Examination Services (PES).

## Appendix B

Side-By-Side Comparison  
of Requirements - Page Two

	<i>NBPTS</i>	<i>ASHA</i>
<i>Skills Validation (continued)</i>		<p>This exam is a review of the skills required for working in the professions and is conducted by a supervisor who already possesses the CCC.</p> <p>The candidate must undergo the PES exam three times during their clinical fellowship. This exam is similar to the NBPTS portfolio review.</p>

\*\*\*

June 30, 2000